

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000005383**

1. Entity Name  
**CLASS.COM, INC.**



Principal Place of Business  
**832 GULF SHORES PARKWAY  
GULF SHORES, AL 36542**

Mailing Address  
**PO DRAWER 979  
GULF SHORES, AL 36547**



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>63-1202264</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DAVIS, M. RAND
STREET ADDRESS	PO DRAWER 979
CITY - ST - ZIP	GULF SHORES, AL 36547

TITLE	V
NAME	DAVIS, F.A.
STREET ADDRESS	PO DRAWER 979
CITY - ST - ZIP	GULF SHORES, AL 36547

TITLE	ST
NAME	MALONE, ROBERT S
STREET ADDRESS	PO DRAWER 979
CITY - ST - ZIP	GULF SHORES, AL 36542

TITLE	V
NAME	MALONE, ROBERT S
STREET ADDRESS	PO DRAWER 979
CITY - ST - ZIP	GULF SHORES, AL 36547

TITLE	ST
NAME	MALONE, FRANK E
STREET ADDRESS	PO DRAWER 979
CITY - ST - ZIP	GULF SHORES, AL 36547

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/16/06-80035-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Frank E. Malone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/1/2006*  
Date

*251-948-5000*  
Daytime Phone #